

Supplemental Application Data Sheet

Application Information

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| <u>Application Number::</u> | <u>10/567,650</u> |
| <u>Filing Date::</u> | <u>February 9, 2006</u> |
| Application Type:: | National Stage |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | METHOD FOR DEPOSITING AN AMORPHOUS LAYER PRIMARILY CONTAINING FLUORINE AND CARBON, AND DEVICE SUITED FOR CARRYING OUT THIS METHOD |
| Attorney Docket Number:: | 0579-1117 |
| Request for Early | No |
| Publication?:: | |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 2 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent | No |
| Appl.?:: | |

Applicant Information

Applicant One Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: KARIN
Middle Name::
Family Name:: SCHERER
Name Suffix::
City of Residence:: ST MAUR DES FOSSES
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 37BIS, AVENUE MISS CAVELL, BAT. C
City of Mailing Address:: ST MAUR DES FOSSES
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 94100

Applicant Two Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PASCALE
Middle Name::
Family Name:: LACAN
Name Suffix::
City of Residence:: PARIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 102, RUE DE LA FOLIE MERICOURT
City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 75011

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|---|------------------------------|
| Applicant <u>Three</u> Authority Type:: | Inventor |
| Primary Citizenship Country:: | FRANCE |
| Status:: | Full Capacity |
| Given Name:: | RICAHRD |
| Middle Name:: | |
| Family Name:: | BOSMANS |
| Name Suffix:: | |
| City of Residence:: | NOISEAU |
| State or Province of Residence:: | |
| Country of Residence:: | FRANCE |
| Street of Mailing Address:: | 9, ALLEE DE LA PETITE PLAINE |
| City of Mailing Address:: | NOISEAU |
| State or Province of Mailing Address:: | |
| Country of Mailing Address:: | FRANCE |
| Postal or Zip Code of Mailing Address:: | 94880 |

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

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|-------------------------|-------|
| Representative Customer | 00466 |
| Number:: | |

Domestic Priority Information

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|------------------|-------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This application | National Stage of | PCT/FR2004/002242 | 9/2/04 |
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Foreign Priority Information

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|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| FRANCE | 0310472 | 9/4/03 | Yes |
| FRANCE | 0311238 | 9/25/03 | Yes |

Assignment Information

Assignee Name:: ESSILOR INTERNATIONAL
(COMPAGNIE GENERALE D'OPTIQUE)

Street of Mailing Address:: 147, RUE DE PARIS

City of Mailing Address:: CHARENTON LE PONT

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 94220